



## Employment Reference Check #1

*\* Clinical references must provide dates of employment, give a rating of work history, state the position or specialty that the candidate worked. State the title of the person giving the reference such as Charge RN, RN Supervisor, DON, Nurse Manager. This reference MUST be someone who the candidate reported to directly on the floor unit. \**

\_\_\_\_\_  
Applicant's Name Position Held

\_\_\_\_\_  
Dates of Employment: From/To Current/Former Employer

\_\_\_\_\_  
City State Supervisor's Name

I hereby give permission to the above named employer to release information to CARE STAFFING PROFESSIONALS, Inc. regarding my performance while employed at that facility.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment History

The person above is applying for an employment with CARE STAFFING PROFESSIONALS, Inc. and has listed you as previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information will be treated with utmost confidentiality.

Is this employee eligible for rehire? Yes No

Personal Evaluation	Excellent	Above Average	Average
Demonstrates technical proficiency			
Consistent in quality of work			
Adheres to facility policies and procedures			
Flexibility and adaptability			
Attendance and punctuality			
Overall professionalism			

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Title Date

Note to the Staffer--Please indicate if this is a Verbal Verification: \_\_\_\_\_



## Employment Reference Check #2

*\* Clinical references must provide dates of employment, give a rating of work history, state the position or specialty that the candidate worked. State the title of the person giving the reference such as Charge RN, RN Supervisor, DON, Nurse Manager. This reference MUST be someone who the candidate reported to directly on the floor unit. \**

Applicant's Name \_\_\_\_\_

Position Held \_\_\_\_\_

Dates of Employment: From/To \_\_\_\_\_

Current/Former Employer \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

I hereby give permission to the above named employer to release information to CARE STAFFING PROFESSIONALS, Inc. regarding my performance while employed at that facility.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment History

The person above is applying for an employment with CARE STAFFING PROFESSIONALS, Inc. and has listed you as previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information will be treated with utmost confidentiality.

Is this employee eligible for rehire? Yes No

Personal Evaluation	Excellent	Above Average	Average
Demonstrates technical proficiency			
Consistent in quality of work			
Adheres to facility policies and procedures			
Flexibility and adaptability			
Attendance and punctuality			
Overall professionalism			

Comments: \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Note to the Staffer--Please indicate if this is a Verbal Verification: \_\_\_\_\_